

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	HL		7-25-01
O.I.P.E. CLASSIFIER		18	8-30-01
FORMALITY REVIEW	TD	8	11-25
RESPONSE FORMALITY REVIEW	ofs	1127	04/01/02

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	
1	12/1/02
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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